## **WIC VENDOR SALES INFORMATION**

## See the instructions on the back of this form.

Store Name:		Vendor #:
Store Address:		
City:		Zip Code:
If the store has been and specify time periods.	en in business for less than one (1 od.	) month, estimate sales amount
	en in business for more than one (sales amount and specify time period	
	n in business for more than one (1) 3, through September 30, 2014, and	
Non-taxable Food S	ales: \$	
Gross Sales: \$		
From:	To:	
	MONTH/YEAR	MONTH/YEAR
_	TTACH PROOF OF REPORTED SAL	
To the best of my knowledge for the use of the WIC pre	edge, the above information is correc	t. I understand this information is
Print name of authorized	d person supplying information	Date
Signature of authorized	person supplying information	 



## INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION FORM

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and the primary business is a retail grocer or drug store.
- B. Instructions for completing the form:
  - 1. Store name enter store name.
  - 2. WIC vendor number enter the authorized WIC vendor number as it appears on your vendor stamp. If an applying vendor, leave the area blank.
  - 3. Address of the store.
  - 4. Food sales supply amount of all non-taxable food sales, including WIC sales, if applicable, for the time period beginning October 1, 2013, and ending September 30, 2014. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
  - 5. Gross sales supply amount of total sales for store for the time period beginning October 1, 2013, and ending September 30, 2014. Gross sales include both the taxable and non-taxable sales done by the store, including gas, pharmacy, bait, deli, video rental, etc. However, sales from lottery, money orders, any service offered as commission services (e.g., ticket master), or fishing/hunting licenses are not to be reported as gross sales. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
  - 6. From/To Provide the beginning and ending dates of the month and year of the reported sales.
  - 7. Attach supporting documentation vendors are required to provide copies of supporting documentation showing gross sales and total non-taxable food sales, per federal guidelines. The acceptable proof is the Kentucky Sales and Use Tax forms for the reported period.
  - 8. Name of authorized person supplying information self-explanatory.
  - 9. Date month, day, and year the form is completed.
  - 10. Signature signature of authorized person supplying information.
  - 11. Title title of person supplying information.
  - 12. Please ensure all supporting documentation is <u>included and legible</u>, and mail to:

WIC PROGRAM
ATTN: MELISSA RICHARD
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET, HS2W-D
FRANKFORT, KY 40621